

Previous volunteer/employed experience: (List current and most recent experience first)

Organization/employer	Position title or major responsibilities	From mo/yr to mo/yr
_____	_____	_____
_____	_____	_____
_____	_____	_____

Idaho Cooperative Extension takes seriously its' obligation to provide a safe atmosphere for all persons involved in youth activities. Child abuse and neglect is of increasing concern to everyone. The purpose of this disclosure section is to protect the children we work with. It is not our intent to discourage volunteers -- CES depends on your support. We do wish, however, to assure the well-being of youth participants.

1. Have you or anyone living at your current or a previous residence ever been convicted of any crime against any person, child, or vulnerable adult? Such crimes include but are not limited to: assault, aggravated assault, battery, hazing, injury to children, sexual exploitation, lewd conduct, sexual battery, disseminating obscene material to or about minors, murder, manslaughter, kidnapping, rape, sex crimes, all as currently or later defined by Title 18 or the Idaho Code.

() NO () YES. If yes, explain below.

2. Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor? () NO () YES. If yes, explain below, include where & when.

3. Have you ever been found by a court in a domestic relations proceeding to have sexually abused or exploited any minor or to have physically abused any minor?

() NO () YES. If yes, explain below.

4. Have you ever been denied the opportunity to work with minors or vulnerable adults?

() NO () YES. If yes, explain below.

If yes to any of the above, please give date, nature of the offense, disposition, and any further explanation you would like to provide in the space provided.

References: List three persons, not related to you, who have a definite knowledge of your qualifications. Please provide complete addresses and phone numbers.

1. Name _____ Phone _____

Mailing Address _____ City _____ State _____ Zip _____

2. Name _____ Phone _____

Mailing Address _____ City _____ State _____ Zip _____

3. Name _____ Phone _____

Mailing Address _____ City _____ State _____ Zip _____

I authorize contact of additional references as well as those listed above.

Please sign and return the Idaho 4-H Volunteer Screening consent form and enclose \$6.50 for the processing fee (make check payable to Canyon County Extension).

I understand that misrepresentation or omission of facts requested is cause for non-appointment or dismissal as a 4-H volunteer. Failure to complete the entire required Certified Leader Application Process will terminate the applicant's volunteer status. If appointed, I agree to abide by the philosophies and code of conduct of 4-H to fulfill the volunteer responsibilities to the best of my ability.

Volunteer Applicant Signature _____ **Date** _____

Please Print Name _____ **Date** _____

Idaho 4-H Volunteer Screening

AUTHORIZATION/CONSENT*

During the application process and at any time during the tenure of my service with the Idaho 4-H I hereby authorize ChoicePoint Services Inc. and the Idaho State Police Bureau of Criminal Identification, on behalf of the Idaho 4-H to procure a criminal background report which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicle and any other source required to verify information that I have voluntarily supplied. I understand that additional criminal background reports may be required from other state or county law enforcement agencies if ChoicePoint Services Inc. and the Idaho State Police does not provide the required information. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

Volunteer Signature

Date

Social Security Number *

Date of Birth *

* For identification purposes only

Printed Name

Street Address

City, State, Zip

*Idaho code 67-3008 (6) states "A person or private agency, or public agency, other than the department, shall not disseminate criminal history record information obtained from the department to a person or agency that is not a criminal justice agency or a court without a signed release of the subject of record or unless otherwise provided by law."